



**WRITTEN PRIOR NOTICE
DEVELOPMENTAL SCREENING**

DATE: _____

TO: _____

FROM: _____

RE: _____

Your child, _____, was referred to the Birth to Three Program as a child with a suspected delay. You and the Birth to Three Team member(s) completed the following action: _____ and determined that your child's development is _____

Therefore, we propose _____

Other option(s) considered were: _____

These option(s) were rejected based upon (information and reasons): _____

You have the right to agree with, or refuse, the proposed action. You have the right to file a complaint regarding the proposed decision. Accompanying this letter is a copy of the parent and child rights statement. These are a brief review of your rights. If you would like a complete copy of the parent and child rights, please contact me. Feel free to call if you have any questions.

Service Coordinator Phone Number